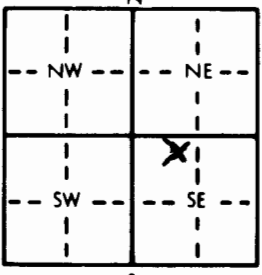


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |                                                                          |  |                            |  |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------------------------------------------------------|--|----------------------------|--|----------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Fraction: <b>NE 1/4 NW 1/4 SE 1/4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section Number: <b>8</b> |  | Township Number: <b>T 29 S</b>                                           |  | Range Number: <b>R 1 E</b> |  |                |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>305 W NICOLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |                                                                          |  |                            |  |                |  |
| 2 WATER WELL OWNER: <b>RANDY PIETZGER</b><br>RR#, St. Address, Box #: <b>305 W NICOLE</b><br>City, State, ZIP Code: <b>WICHITA KANSAS 67218</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  | Board of Agriculture, Division of Water Resources<br>Application Number: |  |                            |  |                |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                       | 4 DEPTH OF COMPLETED WELL: <b>26</b> ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. <b>9</b> ft. 2. <b>9</b> ft. 3. <b>9</b> ft.<br>WELL'S STATIC WATER LEVEL <b>9</b> ft. below land surface measured on mo/day/yr <b>5-1-82</b><br>Pump test data: Well water was <b>50</b> gpm. Well water was <b>9</b> ft. after <b>20</b> hours pumping <b>20</b> gpm.<br>Est. Yield <b>50</b> gpm. Well water was <b>9</b> ft. after <b>20</b> hours pumping <b>20</b> gpm.<br>Bore Hole Diameter <b>9</b> in. to <b>26</b> ft., and <b>9</b> in. to <b>26</b> ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes <b>No</b> ; If yes, mo/day/yr sample was submitted <b>No</b><br>Water Well Disinfected? Yes <b>No</b> |                          |  |                                                                          |  |                            |  |                |  |
| 5 TYPE OF CASING USED:<br>1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded<br>Blank casing diameter <b>5</b> in. to <b>10</b> in. Dia. <b>10</b> in. to <b>10</b> in. Dia. <b>10</b> in. to <b>10</b> in. Dia. <b>10</b> in. to <b>10</b> in. Dia.<br>Casing height above land surface <b>20</b> in., weight <b>2</b> lbs./ft. Wall thickness or gauge No. <b>250</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>26 26 26<br>SCREEN-PERFORATED INTERVALS: From <b>10</b> ft. to <b>26</b> ft. From <b>10</b> ft. to <b>26</b> ft. From <b>10</b> ft. to <b>26</b> ft.<br>GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>26</b> ft. From <b>10</b> ft. to <b>26</b> ft. From <b>10</b> ft. to <b>26</b> ft. |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |                                                                          |  |                            |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>DIRTY &amp; SILT</b><br>Grout Intervals: From <b>0</b> ft. to <b>10</b> ft. From <b>10</b> ft. to <b>10</b> ft. From <b>10</b> ft. to <b>10</b> ft. From <b>10</b> ft. to <b>10</b> ft.<br>What is the nearest source of possible contamination:<br><input checked="" type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>13 Insecticide storage<br>Direction from well? <b>WEST</b> How many feet? <b>50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |                                                                          |  |                            |  |                |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TO                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LITHOLOGIC LOG           |  | FROM                                                                     |  | TO                         |  | LITHOLOGIC LOG |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SANDY SOIL               |  |                                                                          |  |                            |  |                |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FINE SAND                |  |                                                                          |  |                            |  |                |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 26                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SAND AND GRAVEL          |  |                                                                          |  |                            |  |                |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-1-82</b> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. <b>437</b> This Water Well Record was completed on (mo/day/yr) <b>8-19-82</b><br>under the business name of <b>RALPH THIETZGER WELL DIGGING</b> (Signature) <b>Ralph S. Thietzger</b><br>INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                  |  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |                                                                          |  |                            |  |                |  |